

<b>Case Number:</b>	CM13-0063862		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported an injury on 05/26/2011. The mechanism of injury was not reported for clinical review. The diagnoses included right shoulder impingement syndrome, right elbow sprain/strain, right posterior interosseous neuropathy, right wrist sprain/strain, anxiety, insomnia, GERD, cervical herniated nucleus pulposus, and status post right ulnar nerve transfer. Previous treatments included surgery, aquatic therapy, EMG, and MRI. Within the clinical note dated 02/18/2014, it was reported the injured worker complained of numbness on her hand, especially the thumb, index, and long finger. The injured worker reported having a nerve conduction study which showed carpal tunnel syndrome. The injured worker reported having moderate neck pain and moderate right shoulder pain. The injured worker complained of severe right wrist pain. On physical examination the provider noted shoulder flexion at 120 degrees and abduction at 80 degrees. On examination of the hand the provider noted triggering of her right long finger. The injured worker had decreased sensation of her right thumb, index, and long finger, which was inconsistent. The request submitted is for continued aquatic therapy and keto, gaba, tramadol topical cream. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CONTINUED AQUA THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER AND RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The request for continued aquatic therapy twice a week for 6 weeks for the right shoulder and right elbow is non-certified. The injured worker complained of numbness to her hand, especially the thumb, index, and long finger. She reported she had a nerve conduction study which showed carpal tunnel syndrome. She complained of moderate neck pain, moderate right shoulder pain, and severe right elbow pain. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise where available, as an alternative to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable; for example, extreme obesity. There is a lack of documentation indicating the injured worker's previous course of aquatic therapy along with the efficacy of the prior course of therapy. There is a lack of clinical documentation indicating the injured worker would require reduced weightbearing. There is a lack of documentation indicating the injured worker has a diagnosis of extreme obesity. Additionally, the request for 12 additional therapies exceeds the guideline recommendations of 8 to 10. Therefore, the request is not medically necessary.

**KETO 20%, GABA 10%, TRAMADOL 20% TOPICAL CREAM, 30 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-113.

**Decision rationale:** The request for keto 20%, gaba 10%, tramadol 20% topical cream 30 gm is non-certified. The injured worker complained of numbness to her hand, especially the thumb, index, and long finger. She reported she had a nerve conduction study which showed carpal tunnel syndrome. She complained of moderate neck pain, moderate right shoulder pain, and severe right elbow pain. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Ketoprofen is an agent that is not currently FDA-approved for topical application. Gabapentin is not recommended for topical use. Tramadol is a centrally-acting synthetic opioid analgesic and is not recommended for first-line oral analgesics. The injured worker has been utilizing the medication for an extended period of time, since at least 01/2013, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

